

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL PLUGGING RECORD  
K.A.R. 82-3-117**

Form CP-4  
March 2009  
**Type or Print on this Form  
Form must be Signed  
All blanks must be Filled**

OPERATOR: License #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
 Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes  No  
 Producing Formation(s): List All (If needed attach another sheet)  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
 Date Well Completed: \_\_\_\_\_  
 The plugging proposal was approved on: \_\_\_\_\_ (Date)  
 by: \_\_\_\_\_ (KCC District Agent's Name)  
 Plugging Commenced: \_\_\_\_\_  
 Plugging Completed: \_\_\_\_\_

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Party Responsible for Plugging Fees: \_\_\_\_\_  
 State of \_\_\_\_\_ County, \_\_\_\_\_, ss.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

**Submitted Electronically**

# QUALITY WELL SERVICE, INC.

8242

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	2-21-23	Sec.	19	Twp.	30	Range	9	County	Kingman	State	KS	On Location	Finish
Lease	Westerman		Well No.	1		Location							
Contractor	Quality Well Service							Owner					
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Hole Size	T.D.							Charge To					
Csg.	4.5							RIP oil + 60s					
Tbg. Size	Depth							Street					
Tool	Depth							City State					
Cement Left in Csg.	Shoe Joint							The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace							Cement Amount Ordered 155					
<b>EQUIPMENT</b>													
Pumptrk	8	No.						Common	155				
Bulktrk	10	No.						Poz. Mix					
Bulktrk		No.						Gel.					
Pickup		No.						Calcium	100*				
<b>JOB SERVICES &amp; REMARKS</b>													
Rat Hole								Hulls					
Mouse Hole								Salt					
Centralizers								Flowseal					
Baskets								Kol-Seal					
D/V or Port Collar								Mud CLR 48					
1st Pumped	100sx Common 39 cc @ 1500'							CFL-117 or CD110 CAF 38					
								Sand					
								Handling 157					
								Mileage 45					
2nd Pumped	45sx Common 39 cc @ 300' to surface.							<b>FLOAT EQUIPMENT</b>					
								Guide Shoe					
								Centralizer					
3rd Topped well off with 10sx removed.								Baskets					
								AFU Inserts					
								Float Shoe					
								Latch Down					
								LMV 45					
								Savite supervisor					
								Pumptrk Charge PTA					
								Mileage 90					
											Tax		
											Discount		
											Total Charge		
<input checked="" type="checkbox"/> Signature													

# Quality Wireline Services, LLC

Service Order No.  
0986

*Jane*  
for state property

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 580-231-9329 or 620-727-6964 • Fax 620-672-3663

Date 2-21-23

Company <i>R+B Oil + Gas</i>			Client Order #		
Billing Address		City	State	Zip	
Lease & Well # <i>Wester men C1</i>		Field Name		Legal Description (coordinates) <i>19-30-9</i>	
County <i>Kingman</i>	State <i>KS</i>	Casing Size <i>4.5</i>	Casing Weight		
Fluid Level (surface)	Reading From	Customer T.D.		Quality Wire Line T.D.	
Engineer <i>D. Brady</i>	Operator	Operator	Unit# <i>2</i>		

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<i>1x4 SPF</i>	<i>1</i>	<i>1500</i>	<i>0</i>	<i>1500</i>	<i>1500-</i>
	<i>1x4 SPF</i>	<i>1</i>	<i>350</i>	<i>0</i>	<i>1000</i>	<i>350-</i>
	<i>Service charge</i>	<i>1</i>	<i>1500</i>			<i>1500-</i>

SUBTOTAL	<i>2250-</i>
DISCOUNT	<i>1675-</i>
SUBTOTAL	<i>1675-</i>
TAX	<i>134.00</i>
NET TOTAL	<i>1809.00</i>

Customer \_\_\_\_\_